

## COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

☒ Agent  
☐ Addressee
D. Is delivery address different from item 1? ☐ YesIf ES, enter delivery address below: ☐ No

Mr. Michael J. Sullivan  
 United States Attorney  
 U.S. Courthouse, Suite 9200  
 1 Courthouse Way  
 Boston, MA 02210

Type

☒ Registered Mail ☐ Express Mail  
☐ Certified Mail ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

7003 3110 0006 0588 6996

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

United States District Court  
Office of the Clerk  
United States Courthouse  
1 Courthouse Way, Suite 2300  
Boston, MA 02210

05-11274-DPW